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Letter dated 17 February 2004 from the Permanent Representative of Switzerland to the United Nations addressed to the Secretary-General

On the instructions of my Government, I have the honour to transmit herewith the summary of deliberations of the European Population Forum, established by its President, Mr. Walter Fust, Director-General, Swiss Agency for Development and Cooperation (see annex).

The European Population Forum 2004 was a high-level expert meeting held in Geneva from 12 to 14 January 2004. Hosted by the Swiss Government, the Forum was jointly organized by the Economic Commission for Europe and the United Nations Population Fund. The Forum was held as the European regional contribution to the decennial review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development, held in Cairo, in September 1994.

The summary of deliberations reflects the views expressed in the presentations and discussions at the Forum as well as the background papers written for the Forum.

The Government of Switzerland, acting as the representative of the organizers, would appreciate it if the present letter and its annex could be circulated as a document of the fifty-ninth session of the General Assembly, under item 12 of the preliminary list, and could be made available at the thirty-seventh session of the Commission on Sustainable Development.

(*Signed*) Jenö C. A. **Staehelin**
Ambassador

* A/59/50 and Corr.1.

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Annex to the letter dated 17 February 2004 from the Permanent Representative of Switzerland to the United Nations addressed to the Secretary-General

Executive Summary

The European Population Forum 2004 was a high-level expert meeting held in Geneva, Switzerland from 12-14 January 2004. Hosted by the Swiss Government, the Forum was jointly organised by the United Nations Economic Commission for Europe (UNECE) and the United Nations Population Fund (UNFPA). The Forum was held within the context of the decennial review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development (ICPD) held in Cairo, Egypt, in September 1994.

This Summary of Deliberations reflects the views expressed in the presentations and discussions at the Forum as well as the background papers written for the Forum.

Keeping up commitments – Facing new challenges

There is a strong commitment to the ICPD Programme of Action throughout the UNECE region, and to its rights-based approach to population, development and sexual and reproductive health. The Forum recognised the diversity of national circumstances and the continued high relevance of the Cairo Agenda for the UNECE region, together with other regional accords, e.g. the Recommendations of the 1993 European Population Conference, and the Regional Implementation Strategy of the 2002 Ministerial Conference on Ageing. Presentations recognised the rights of all individuals and couples, in particular young people, to a healthy sexual and reproductive life and emphasised their role as important actors. Participants considered that action on HIV/AIDS should be an urgent priority for every part of the UNECE region, and it was recognised that full integration of HIV prevention and treatment programmes within sexual and reproductive health programmes was a path to accelerated progress. It was noted that pledges for ICPD financing were never fully met and that additional resources are now required for international assistance and for domestic implementation, within the context of new approaches for Official Development Assistance (ODA) funding. The Forum stressed the importance of ensuring the coherence of the Programme of Action with other international development objectives, for example health sector reform, the Poverty Reduction Strategy Papers and the Millennium Development Goals.

Enabling choices for low fertility contexts

The way to tackle low fertility is clearly a major policy concern for the region, but no conclusion was reached about how to resolve this issue. It was pointed out that in time population and labour force decline will call into question sustainable development in Europe and that new policy strategies will be required to address this challenge. It was also emphasised that approaches to low fertility that do not protect and respect rights and choices will not provide a solution to population decline. Forum

participants raised the importance of removing a wide range of barriers for men and women to freely decide on their parenting status. Various presentations emphasised the importance of creating national policies that are supportive of families and family formation. Several promising examples from the region were discussed, including models of increasing male responsibility for parenting and expanded participation of older persons both in the work force and in caring for children. The Forum recognised the increasing variety of family structures and trends in their development. Analyses revealed that fertility levels remain relatively high when there are high levels of gender equality in the economy, family and society and where there is a tolerance for diversity in family structures and partnering arrangements. It was recommended that policies in the region combine macro and micro strategies, include gender equality as a priority, and respect individual rights and freedoms. The advancement of knowledge through data collection and research was identified as an important prerequisite for the formulation and monitoring of policies in this area.

Addressing health inequalities in the UNECE region

The Forum identified several common concerns for the whole region. There are dramatic differences in life expectancy within the UNECE region. Also, in many UNECE countries there are large differences in well-being, particularly between the socially advantaged on one hand and the socially excluded, migrant and vulnerable populations groups on the other. Widespread trafficking of human beings continues throughout the UNECE region, as does gender-based violence. The whole region is facing an increasing incidence of sexually transmitted infections (STIs) and HIV/AIDS. In a number of countries there is a limited awareness of and support for public health policies and approaches. The Forum emphasised the need to increase funding, share best practice models, strengthen NGOs and mobilise local communities in order to address these issues.

Additionally, several priority concerns were identified that are particularly relevant to the situation in the eastern part of the UNECE region. These countries are facing weakened health care infrastructures and restricted access to quality health care. They are also experiencing inequality, poverty, collapse of support systems and environmental degradation. In a number of these countries there are high dependence rates on tobacco, alcohol, illicit drugs and widespread poor nutrition. These and other factors are behind unacceptably high morbidity and mortality levels which are endangering economic and social development. High morbidity levels directly contribute to low levels of well-being of large groups of populations. Younger people in many of these countries also have limited access to comprehensive sexual and reproductive health information, education and services, particularly contraception and safe abortion, where legal. Combined with the above, there has been a deterioration of statistical data and monitoring systems and hence the ability to better understand these developments.

Reaping the benefits of migration

The Forum recognised that the migration context has considerably changed since the ICPD. International migration is affecting all countries of the region: it is growing, becoming more diverse and is increasingly perceived as an important resource in a global world. While it is starting to be recognised that immigration is becoming a necessity for social, demographic and economic reasons,

some present-day migration policies, largely based on control and repression, are not managing migration in a positive way. The importance of comprehensive approaches toward migration management was emphasised. These include coverage of all aspects and types of migration (refugees, asylum seekers, economic migrants, family reunification, etc.) in migration policies, taking into account humanitarian as well as economic dimensions and addressing integration as well as admission criteria. Immigration policies need to be defined explicitly and be more transparent. Migration and integration policies will have maximum positive impact if they are coordinated at the local, national and regional levels and if all stakeholders, including the immigrant groups themselves, participate in the conception, implementation and monitoring of the relevant policies. The importance of more open criteria of eligibility for nationhood and citizenship in integration policies was stressed. Note was taken of the contradiction between the fact that international migration is a global phenomenon and that the nation state has a paramount role. Multilateral agreements were recognised as a mechanism to put migration in a regional framework. Also, the Forum called for improvements in international migration statistics and better knowledge about interactions between migration, integration and development.

Promoting policy consistency, partnership and knowledge

Several presentations sought to clarify the role of the state in the newly emerging institutional environment. It was emphasised that the state should set policy and regulatory frameworks, improve their coherence, and promote rights, good governance and accountability. The institutional environment ought to encourage a partnership between the state, civil society and the private sector. Strengthening the partnership among countries was also discussed, in order to address the new demographic regime in Europe and to achieve ICPD and MDG targets within the UNECE region and the world. The Forum emphasised the need for progress in statistical surveys and scientific work as a prerequisite for comprehensive policy formulation and monitoring.

Summary of Deliberations

1. Introduction

The European Population Forum 2004 was a high-level expert meeting held in Geneva, Switzerland, from 12-14 January 2004. Hosted by the Swiss Government, the Forum was jointly organised by the United Nations Economic Commission for Europe (UNECE) and the United Nations Population Fund (UNFPA). The Swiss Government, in particular the Swiss Agency for Development and Cooperation and the Swiss Federal Statistical Office, plus the UNFPA provided financial support for the organisation of the Forum. The International Planned Parenthood Federation - European Network (IPPF-EN) from Brussels, Belgium, and the International Foundation for Population and Development (IFPD) from Lausanne, Switzerland, provided additional support.

The Forum was held within the context of the decennial review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development (ICPD) held in Cairo, Egypt, in September 1994. The theme of the Forum was "Population Challenges and Policy Responses". Among other things, it considered important, newly emerging population changes, examined the challenges they pose and identified best policy responses to them. In this context, the Forum examined the implementation of the ICPD-related regional and global agreements of the 1990s in the UNECE region, particularly for countries in transition. It also considered how the region can further the implementation of these agreements in the future.

In addition to the opening and closing sessions, the programme of the Forum consisted of four keynote addresses and four thematic sessions. The keynote speakers made presentations on "Population and development in Europe during the last decade" and "Policy challenges of Europe's demographic changes: crosscutting issues". The four thematic sessions covered: "Global population and development trends: the European view"; "Childbearing and parenting in low fertility countries: enabling choices"; "Morbidity, mortality and reproductive health: facing challenges in transition countries"; and "International migration: promoting management and integration". On request from the organisers of the Forum, experts prepared background papers for each of the thematic sessions.

Experts from the executive and legislative branches of governments, academic and research institutes, NGOs and the private sector from 47 of the 55 UNECE member States took part in the Forum.[1] Experts from the relevant United Nations departments, specialised agencies, organisations and joint programmes, as well as representatives from international and regional intergovernmental organisations also participated. In all 360 persons attended the Forum.

[1] The UNECE member States are: Albania, Andorra, Armenia, Austria, Azerbaijan, Belgium, Bosnia and Herzegovina, Bulgaria, Canada, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Netherlands, Norway, Poland, Portugal, Republic of Moldova, Romania, Russian Federation, San Marino, Serbia and Montenegro, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, The former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine, United Kingdom, United States of America and Uzbekistan.

This Summary of Deliberations of the Forum will, through the good offices of the Swiss Government, as host and Chair of the Forum, be forwarded to the Secretary-General of the United Nations for consideration and possible further action. A formal report and proceedings of the meeting will be prepared and issued by the organisers of the Forum.

2. An evolving population and development debate

The international debate on population and development is nearly as old as the United Nations, the organisation that initiated it and has sustained it over the years. Since its early years, the United Nations Population Commission has served as a forum for member States to address population concerns. As the recognition of the salience of population and development issues grew, international conferences - initially expert meetings, then later intergovernmental conferences - provided additional, increasingly visible fora for the international community. The expert conferences held in Rome (1954) and Belgrade (1965) paved the way for the intergovernmental conferences held in Bucharest (1974), Mexico City (1984) and Cairo (1994).[2] The year 2004 marks not only the 10th anniversary of the Cairo conference, but also the 50th anniversary of the Rome conference.

The last half century has witnessed profound, multifaceted changes around the globe. One of the hallmarks of the era has been rapid population growth, particularly in developing countries. This momentous growth, which has a long way to go before running its course, left a major imprint on the international population and development debate. At Rome, the acceleration of growth under way at the time, although grossly underestimated, was correctly perceived as an outcome of the persistence of high fertility in much of the developing region in the face of falling mortality. Economic development and accelerating the demographic transition (especially the fertility transition) were identified as means of addressing underdevelopment. This point was reiterated at Belgrade, where fertility, family planning issues and in particular family planning programmes, were accorded considerable prominence.

Population programmes were at first too controversial an issue to be addressed in an intergovernmental forum. When they became an issue fit for such a forum, at Bucharest in 1974, they were the subject of spirited discussions grounded in diverse political, ideological, religious and cultural perspectives. The result of the Bucharest conference was the seminal World Population Plan of Action (WPPA), the first formal international document on population policies, programmes and measures. It recognised family planning programmes as part of national population policies, and the latter as constituent elements of socio-economic development policies. It recommended that all countries "respect and ensure, regardless of their over-all demographic goals, the right of persons to determine, in a free, informed and responsible manner, the number and spacing of their children", a right first agreed upon at the Teheran Conference on Human Rights (1968). The WPPA addressed a

[2] The five conferences were as follows: World Population Conference, Rome, 31 August - 20 September 1954; World Population Conference, Belgrade, 30 August - 10 September 1965; World Population Conference, Bucharest, 19 - 30 August 1974; International Conference on Population, Mexico City, 6 - 14 August 1984; and International Conference on Population and Development, Cairo, 5 - 13 September 1994.

range of demographic issues, including mortality, migration, age structure, urbanisation, etc. from the vantage point of societal needs and goals. The Plan was further developed and enriched at Mexico City in 1984.

A paradigm shift occurred at Cairo in 1994. The International Conference on Population and Development reached a new consensus and adopted a Programme of Action, which reiterated the right of individuals and couples to decide freely and responsibly the number and spacing of their children. What was new about the Programme of Action was that its principles, goals and actions placed the individual, especially the woman and the girl child and their rights, at the centre of population and development policies. This superseded the emphasis in Bucharest and Mexico City of the role of the state and society in bringing about demographic change conducive to development.

Making family planning universally available remained an objective, but at Cairo it was resolved that it should be achieved within a broadened approach to advancing sexual and reproductive health and rights throughout the life cycle. The empowerment of women became a goal in itself, in addition to its role in enabling women and men to jointly exercise choice in their family formation decisions and improving the quality of life for everyone. Discussions of the wide range of population and development issues in the Programme of Action were grounded in the principles of rights, individual choice, expanded social participation and respect for cultural perspectives.

Experts and governments from the UNECE region were in the forefront of the international population and development debate from its earliest days. However, it was only at Geneva in 1993 that UNECE governments for the first time considered and agreed on policy responses to the population and development issues of their particular region. They also began to question how the region could strengthen its international cooperation in the population field, especially in cooperation with developing countries. They negotiated and adopted the Recommendations of the conference, this being the first formal UNECE document on population policies and programmes.

Much of the UNECE region is in many ways fundamentally different from developing regions, and because of this it was UNECE region-specific population and development issues that dominated the debate at the Geneva 1993 meeting and have done since. These included issues of low fertility and family change, health and mortality patterns, population ageing and the onset of population decline, and international migration and integration, all in the broader context of economic and social development. The issue of ageing and how to respond to it has become a topic of special interest: a recent debate culminated at Berlin in September 2002, shortly after the international community reached agreements at Madrid in May 2002 on how to respond to ageing worldwide.[3] The agreements reached at Berlin and contained in the Regional Implementation Strategy were based on a holistic approach and identified policy responses that mainstream ageing in all policy fields. This approach included larger societal concerns in contrast to the individual-focused, rights-based approach of Cairo.

[3] These two conferences were as follows: UNECE Ministerial Conference on Ageing, Berlin, 11-13 September 2002, and Second World Assembly on Ageing, Madrid, 8-12 April 2002.

The European Population Forum continued these two strands of debate, namely those that originated at Geneva and Cairo.

3. A broad panorama of global and European change

The global population has continued to grow since the ICPD – it rose from 5.6 billion in 1994 to 6.4 billion in 2004 and is currently projected to reach 8.9 billion in 2050. However, annual increments have declined during the decade and are projected to continue their downward trend. Asia's contribution to global growth in numerical terms was the largest – three times that of Africa's and even greater than those of other parts of the world. Although falling, Africa's growth rates have been the highest. In contrast to other parts of the world, its annual increments have been on the rise. The share of Africa's population is projected to continue to increase, exceeding 20 per cent by 2050, despite the impact of the HIV/AIDS epidemic.

Europe occupied a special position in the changing cross-regional dynamics of growth. It was the only continent that, during the five years 1999-2004, saw a population decline, losing annually close to half a million people. Unlike North America, which is projected to continue to grow through to the middle of the current century, Europe may well lose as many as 96 million people or 13 per cent of its population between 2000 and 2050, shrinking Europe's global demographic share from 12 per cent to 7 per cent.

The slowing down of the global population growth was in large part caused by continuing fertility decline in much of the developing world and to a lesser extent by the mortality increase caused by the HIV/AIDS epidemic, mainly in sub-Saharan Africa. Some of the most populous countries have greatly contributed to this trend, namely China, India, Indonesia, Brazil and Mexico: in these the total fertility rates have already dropped below replacement level (2.1 children per woman), or are approaching this level or are likely do so in the near future. This trend is expected to continue, reaching the majority of developing countries, provided that trends in family size preferences continue and the availability of reproductive health services, particularly family planning services, keeps pace with rising demand.

Among the countries that are not expected to be in this group are the 24 countries that in the second half of the 1990s had total fertility rates equal to or higher than 6 children per woman, and whose combined population is projected to increase from the recent estimate of 0.3 billion to one billion by 2050. All but one of these countries are considered least developed, most are in sub-Saharan Africa, several are greatly affected by the HIV/AIDS epidemic and several have experienced civil strife and political instability in recent years. Clearly, these and other least developed countries should be the prime recipients of bilateral and multilateral population assistance in the future.

The population issues that the UNECE countries face are markedly different from those prevailing in much of the developing regions. Nevertheless there are important differences among North American, European and Asian parts of the UNECE region and particularly among European countries. In

Europe fertility rates have everywhere fallen to sub-replacement levels. In many instances, mainly in Southern, Central and Eastern Europe the total fertility rates have descended to low levels (below 1.5 children per woman) or to very low levels (below 1.3 children per woman). These are the outcome of the reproductive choices that millions of individuals and couples have been making in recent times. In the transition countries, the context of those choices has been economic decline followed by sluggish or more rapid economic recovery, while in other countries the context has been one of an uneven distribution of wealth and other major social constraints. In contrast, the reproductive choices of Americans are currently maintaining replacement fertility in the USA. The low European fertility rates will in time result not only in long-term population decline, but also more importantly, in a nearer-term decline and ageing of the labour force.

In western parts of the UNECE region, health conditions are generally favourable and mortality rates are at unprecedented low levels. In eastern parts, especially in the Commonwealth of Independent States (CIS), improvements in health and mortality are lagging by a moderate to large margin behind those in the western areas. Efforts to improve general and reproductive health conditions, along with those to add years of life - particularly disability-free life - will pose major challenges to the health sector and society at large. Moreover, the rapid spread of the HIV/AIDS epidemic in parts of Eastern Europe and the CIS will challenge the health infrastructure and the ability of society to adapt to the consequences of the epidemic. The weak health infrastructure and the difficulties in ongoing efforts to reform the services and their finances make future improvements in health, including reproductive health, uncertain.

International migration, usually a net contributor to development in both sending and receiving countries, adds to the complexity of population dynamics. It has served to augment slightly positive or offset the already negative balance between births and deaths in Western, Northern and Southern Europe. However, it frequently reinforces the negative balance in Central and Eastern Europe and some of the Asian CIS countries. Broadly speaking there is a West-East gradient in the change in population numbers and rates, with some of the largest negative birth-death balances prevailing in eastern parts of the region. In the western parts, and in North American countries in particular, but also in a number of other countries, growth is continuing, although typically at very low rates. This growth is often fuelled by the rise in foreign-born populations. As net immigration appears poised to increase in the future to meet the projected labour needs of a number of the countries, this will become a permanent feature of many societies in the region. The governments as well as the native and migrant populations will be challenged to make their integration a success in order to maximise their positive contribution to society and to reduce possible tensions between the native and foreign populations.

Different histories and current configurations of fertility and mortality rates not only produce diversity in population growth dynamics, they also result in different dynamics of the age structure of populations. Given their past and current trends in the vital rates, UNECE countries are in the forefront of the ageing process. These countries exhibit significant variations in their levels and pace of ageing, with countries in the eastern part of the region generally trailing the rest of the region. However, common to most of the UNECE countries is the fact that the "demographic bonus", an economic opportunity granted by low dependency rates, which they have enjoyed during the past few

decades, has now disappeared or will soon do so. Moreover, due to recent steep declines and currently low fertility rates a number of Southern, Central and Eastern European countries are poised to age very rapidly in the coming decades, putting pressure on pension and health-care programmes and building a momentum of further ageing.

In contrast to this, many Asian and Latin American countries, where fertility has descended to low or intermediate levels, will potentially benefit for some time from the "demographic bonus". Elsewhere, where fertility decline has been very late in coming and/or slow or where it is still to materialise, this potential will grow or appear only in the coming decades. The rapid development of supportive social and economic policy frameworks to take advantage of the bonus will be a vital requirement. Amelioration of intra-national disparities in access to health and education based on geography, wealth and gender will determine whether all members benefit from the opportunity.

The recent and forthcoming demographic changes in the UNECE region and the rest of the world have been taking place and will continue to evolve in a setting of complex political, economic and social changes. In parts of the UNECE region and the other world regions the changes are far more rapid than elsewhere. The end of the Cold War opened up major new opportunities, particularly in Europe, for a realignment of international relationships, the spread of globalisation and international cooperation. In the eastern part of the UNECE region, the over-a-decade long transition to democracy and market economies has paved the way for a broadening of European integration, in particular the imminent expansion of the European Union. However, in a large number of countries in this part of the region, the process has been too slow and uncertain to enable the emergence of fully-fledged democracies, a return to sustained economic growth, a reversal of the spread of poverty, improvements in social programmes and the strengthening of civil society.

The transformation of the formerly centrally planned economies has, among other things, aggravated employment conditions, especially of young people and women. Even in some countries where economic recovery has been fastest, the economic restructuring has brought about very high levels of youth unemployment and underemployment. In countries where lesser progress has been made towards sustained growth, young people have been even more adversely affected by labour market changes. Unless corrective actions are taken, large numbers of young people will experience long-term unemployment and, as a result, run the high risk of becoming unemployable. If this were to happen, implementing antipoverty programmes would prove very difficult, leading to a further deterioration of health and social conditions of this section of the population, on which the future of these societies will so much depend.

Old and new population and development issues abound. They will continue to provide challenges to governments, civil society and the private sector along with families, couples and individuals. The various stakeholders will have to keep adapting policies and behaviour if they are to successfully face constraints and exploit the opportunities presented by the evolving and future population and development interactions at all levels – local, regional, national and international.

4. Salient population and development challenges

4.a. Implementing the ICPD Programme of Action: achievements and challenges

A wide range of efforts

A review of the first 10 years of the ICPD Programme of Action has shown significant policy and programme development both globally and within the UNECE region. Governments, civil society and the private sector have undertaken a wide range of efforts to implement the Programme of Action. In addition, the international agenda has shifted to the Millennium Development Goals, poverty reduction strategies and increasingly to health sector reforms that emphasise decentralised decision-making and sector-wide planning and management. The relation of the International Development Targets to these priorities is still being addressed at global, regional and national levels.

Eighty-seven per cent of countries in the world have taken policy measures to implement the Programme of Action, made legislative and institutional changes or have taken other measures at the national level to protect and fulfil sexual and reproductive rights. Increased recognition and priority has been given to promoting gender equality in law and equity in practice. National legislation protecting the rights of women and girls has been passed in two-thirds of the countries. Disparities in primary and to a lesser extent in secondary school enrolment have shown some decline. National institutions for women's affairs have been initiated in a majority of countries and national action plans have been developed in half of all countries.

Population ageing and international migration, although briefly addressed in the Programme of Action, have both received increased attention over the past decade, both globally and within the UNECE region. International and regional fora have raised the level of priority given to these policy issues. Globally, a substantial minority of countries have developed national strategies to address ageing.

Remaining challenges and newly emerging issues

Within the UNECE region attention has been given to issues of gender-based violence and trafficking of persons, especially women and minors. Legal prohibitions against gender-based violence have been instituted or strengthened in a majority of countries in the region. However, ratification and implementation have lagged behind.

The areas of adolescent sexual and reproductive health and rights have received heightened attention from the global community and within the UNECE region. Parts of the UNECE region have achieved remarkable success in empowering young people to deal positively with their sexuality and have successfully reduced teenage pregnancies. In the last decade increased attention has been given to the importance of female-controlled prevention methods such as the female condom and micro biocides. However, other parts of the region still have much to achieve in this area. Despite their increased

priority, adolescent sexual and reproductive health issues remain highly sensitive and very few countries have established comprehensive strategies and mobilised resources for their implementation.

Additional efforts need to be made in the provision of gender-sensitive sexual education, information and services, which are comprehensive, confidential and accessible. Also, political commitment has been uneven, in spite of the clear necessity for HIV prevention, and for curbing the trafficking of young women and adolescents. Given constrained resources, programmes for young people are often under-funded and not fully implemented. Additional efforts are required to ensure the full participation of youth in the design, implementation, monitoring and evaluation of sexual and reproductive health policies and programmes.

Prevention of HIV/AIDS transmission has become a heightened policy concern in almost all countries, globally and within the region. Significant rises in sexually transmitted infections amongst young men and women give a clear warning of the increasing incidence of HIV, particularly in Central and Eastern Europe and a number of CIS countries. However, the treatment of HIV as an infectious disease not only removes it from the broad sexual and reproductive health agenda but also means that the social context of factors that influence prevention are absent. There is an additional risk that the focus on new resource streams for the treatment of HIV/AIDS will separate HIV/AIDS further from the broad range of reproductive health needs (e.g. family planning and safe motherhood) and hamper the development of fully integrated sexual and reproductive health services.

In a number of countries legal, ideological and economic barriers persist for women to have access to safe abortions, endangering women's health and increasing the risk of maternal morbidity and mortality. Nevertheless, in the past decade, considerable progress has been made in the training of personnel and provision of services to manage the complications arising from unsafe abortions.

Two issues that were not addressed in Cairo but have since received increasing attention, particularly in some UNECE countries, are assisted reproduction and sexual orientation. In the face of increasing infertility, many countries in the region have recognised the need to develop policies and services giving enhanced access to new reproductive technologies. Sexual orientation and gender identity as a basis of discrimination is under increasing scrutiny at the United Nations Commission of Human Rights and the right of all people to express their sexuality free of discrimination, violence and coercion is accepted by international legal experts as a human right. Policy analysts and lawmakers in western UNECE countries are increasingly addressing the issues of same-sex unions and same-sex parenting.

A call for increased donor commitment and funding of programmes

It is praiseworthy that commitments to population and reproductive health programmes remain high in the UNECE donor countries, which place a strong value on equity and social justice, as well as in the European Commission and the Council of Europe. Nonetheless, despite stronger commitments by most recipient countries and donors, the financing objectives for implementation of the ICPD Programme of Action have not been attained and these shortcomings have affected results. The Programme of Action estimated that, in the year 2000, US$ 17.0 billion would be required for a basic

population and reproductive health package, with a third (US$ 5.7 billion) coming from external donor assistance. However, just over 45 per cent of this total was made available, resulting in, for example, continued shortages of contraceptive commodities. By 2005, the resources were estimated to increase to US$ 18.5 billion (total) and US$ 6.1 billion (donor assistance), respectively. Additional resources will be needed to support a more expanded set of HIV/AIDS interventions, which were anticipated but not specifically costed into the ICPD estimates.

As financial constraints are likely to continue, political commitment to the aims and objectives of the Programme of Action and the effective use of available funds will be crucial. All donors and implementers will need to increase their commitment to the Programme of Action and will need to ensure that priorities and action plans are defined based on scientific evidence and are managed on the basis of a results-based orientation that fosters the dissemination of proven approaches. Additional attention to increasing the efficiency and efficacy of assistance, including capacity building and governance reforms, could additionally address donor country concerns and accelerate national progress. Similar principles should guide national efforts and allocations. A continued and expanded political dialogue in parliaments and civil society is needed to ensure that progress is monitored and institutions are held accountable, particularly in the light of the reinstatement of the Mexico City Policy by the United States Administration in 2001.[4]

Follow-up efforts for implementation of the recommendations of the last decade's international conferences and the Millennium Development Summit offer the possibility for the generation of heightened domestic and international resource commitments. Political will and additional domestic and international support can assist the successful implementation of the Poverty Reduction Strategy Papers, as well as, ultimately, the Millennium Development Goals and significant conference-related outcomes. Heightened attention to targeting programme support for the benefit of poor and marginalised populations, and to maximising their impact on poverty reduction, could further increase political commitment within both donor and programme countries.

4.b. Enhancing childbearing and parenting choices in low fertility settings

An ongoing transformation in family behaviour

The UNECE region is in the midst of profound transformations of family behaviour and patterns. Key elements of these transformations vary across the countries, as do the principal facets of the context within which the changes are taking place. The principal actors of the transformation are millions of individuals and couples, who, as they move through their life course, make family-related choices. These choices include: whether or not and when to form a partnership, break it up or form another; whether or not and when to become a parent – be it biological, step or other; and how to raise offspring and when and at what pace to foster their assumption of adult responsibilities and rights.

[4] The Mexico City Policy restricts foreign non-governmental organisations that receive family planning funds from the United States Agency for International Development (USAID) from using their own, non-USAID funds to provide any abortion-related activities. The Mexico City Policy was first introduced by President Ronald Reagan in 1984, then rescinded by President Bill Clinton in 1993 and subsequently re-imposed by President George W. Bush in 2001.

These choices are often outcomes of considerations that involve weighing the opportunities and constraints that the context presents them with – economic, social and cultural.

The different manifestations of the transformations are numerous but by no means universal. They include the postponement of marriage, the arrival of the first and possibly a subsequent child or children, and of parenting in general. Postponement has become practically universal; it is most advanced in western countries and least advanced in eastern parts of the UNECE region. A low propensity to marry and widespread non-marital cohabitation and extra-marital childbearing and parenting are widespread in a number of countries, especially in Northern Europe. In a few countries that appear to be more traditional than others, marriage and marital childbearing remain the standard, but their fertility rates are very low. Elsewhere in the region, widely different combinations of cohabitation and non-marital childbearing and parenting are observed. In some instances large proportions of people cohabit, yet few opt to have a child out of wedlock. Additional variations exist. For example, nearly universal parenthood in parts of Southern Europe coexists with extensive childlessness in some Western European countries, notably Austria, Germany and Switzerland. Voluntary childlessness also appears to be rapidly spreading to large parts of Central and Eastern Europe.

Societal- and family-level implications of the transformation

There are two principal implications of these transformations. Firstly, total fertility rates are at sub-replacement levels in all UNECE countries except the USA and some of the Central Asian CIS countries. In Northern and Western Europe (with the exception of several countries, including Austria, Germany and Switzerland) fertility rates are significantly higher than those in Southern, Central and Eastern Europe. In the latter areas, the rates are sometimes half of the replacement rate. In many of these countries, the current fertility depression was caused by fertility postponement. Fertility recovery is therefore a possibility. However, if it occurs, many experts expect it to be weak, rendering low and very low fertility a distinct prospect for the future.

Secondly, the plurality of family forms and relationships, some of which are relatively new for the region, is continuing to spread. The share of families formed by couples bonded by a life-long marriage is declining. At the same time the proportions of families is on the rise where the bond is non-marital cohabitation or where it is a remarriage for one or both members of the couple. These have varying implications for the stability and other aspects of relationships. Also, a rising proportion of individuals are choosing to live outside of co-residential unions. As the unions, particularly non-marital ones, are fragile the share of single-parent families is also on the increase. As a result, becoming a parent and parenting is no more synonymous with having one's own biological child and raising him or her to adulthood. There are great variations across the UNECE region in the changing mix of family forms and the experience of becoming a parent and parenting.

The question of sustainability of implications

It is increasingly important to discuss the sustainability of these societal- and family-level changes in various circles, such as scientific and policy-making ones as well as with the general public. The

persistence of low and especially very low fertility levels is and will be a prime cause of population decline, even where net immigration may partly offset it. Also, it contributes to population ageing. In time, as the age structure of the population becomes progressively older, the momentum of decline will continue to take hold and grow stronger, making a reversal of the decline difficult to achieve. It should not be forgotten, however, that decline might be beneficial for some countries, particularly for those that are densely populated and which would like to see a better balance between their population and the natural environment.

Associated with general population ageing and decline are the ageing and decline of the working-age population, which will affect the labour force and employment levels at some stage in the future. A decline in employment is not necessarily an immediate prospect for many UNECE countries as there are several currently under-utilised human resource reserves, for instance younger old persons, women and unemployed youth that may be mobilised. However, in the future, as these reserves become exhausted, more and more European countries will face labour shortages. To deal with them, a combination of increased immigration and removal of barriers to attaining higher desired fertility rates, especially where observed levels are low or very low, will have to be considered. Lacking this, the potential for future economic growth will be called into question. This, in turn, will challenge the redistributive power of the welfare state, a *sine qua non* for the maintenance of social cohesion of European societies. These options are beginning to be explored by the European Commission.

The rising plurality of family forms and relationships will increasingly pose challenges of adaptation of social support systems, such as state-subsidised housing, child entitlements and childcare, especially those occurring because of more single-parent families. To the extent that this will happen, the question arises as to whether the welfare state will prove capable of coping both with these demands along with those arising from the ageing of the population.

Policy responses

There are societies that are in the vanguard of enabling choices regarding partnering, childbearing and parenting, including the nurture and development of children. Policies of these societies include measures that reconcile work and family responsibilities. Examples include: all-day schooling in France; programmes that promote gender equity, at all levels, from individual to societal, as in Norway; and tax breaks, subsidised services and financial transfers, such as family and child allowances in a number of countries. The latter measures ensure that couples that opt to have children do not become economically disadvantaged as a result, and these help to combat family and child poverty. There are also other policies that go beyond what are typically considered as family policies, such as employment and housing policies that create a secure environment for young people, which enable them to readily take long-term family-related commitments. In a number of western UNECE countries, improvements in these various policies have been observed over the last 10 years.

The policy message from countries such as France and the Nordic countries is clear: put in place a set of coherent and mutually supportive policies that facilitate partnering, childbearing and parenting choices, including policies that support child nurture and development. Specifically, ensure that these policies promote gender equality through a greater involvement of men in parenting and, more

broadly, in family life. Also, offer substantial financial and legal support to families, and assist parents in their efforts to balance family and work roles. If this is achieved and, as a result, a child- and family-friendly society is created, then the experiences of Northern Europe and France are likely to be replicated elsewhere in Europe and the result may be the somewhat larger families typical of these societies. The task is daunting - it requires political will, necessitates long-term commitment, requires support for a variety of family forms and behaviour, and assumes a willingness to learn from others. However, as these societies have shown, the task is feasible. Realising it would require making policy practices better known across the UNECE region, such as those recently pursued in Austria.

In the transition countries family-supportive policies have by and large deteriorated over the last decade. After the fall of the communist regimes, the various benefits and free or highly subsidised services, which frequently enabled people to make ends meet in spite of low wages, were either not granted any longer, were cut considerably or were left to deteriorate during periods of inflation or hyperinflation. Among the casualties were various family-policy benefits and services, which had been among the most generous in Europe before the fall of communism, but also other family supportive policies, such as subsidised public housing. Currently, many transition countries are aiming at introducing coherent and integrated family policies; however, most of the countries are still far from realising this objective. The lists of policy measures may be misleading, as the levels of benefits and services they provide may well be low. The seemingly comprehensive policies enabling partnering, childbearing and parenting may simply be under-funded. The challenge for these countries is to realise that investing in children and families and the protection of individuals' and couples' rights amount to investing in societies and, more broadly, that according preference to economic policy reforms at the expense of social programme reforms will, in time, prove short sighted.

The need to advance knowledge

There are major differences of opinion on the underpinnings of the changes in family behaviour in general, of reproductive behaviour resulting in low fertility in particular, and of the effects of policies on the behaviours in question. None of the views are solidly grounded in theory nor empirically based findings. As a result, policy-makers continue to depend on the informed views of researchers of family and reproductive behaviour and on their own judgements as to what policies may be conducive to facilitating partnering, childbearing and parenting choices. They also have to depend on their judgement on how particular policies can, where this is deemed desirable, help maintain fertility levels or bring about an increase in these levels.

It is essential that policy-making be increasingly informed by theoretically and empirically grounded research findings. Advances in knowledge about individual, family, social network and societal influences, including policy and programme effects on partnering, childbearing and parenting, are needed now more than ever before. As these advances are contingent on theoretical developments and the collection of appropriate micro- and macro-level data, including those on relevant policies and programmes, investments in theoretical work, data collection and empirical research is a high priority. Governments of UNECE member States and intergovernmental organisations and institutions in the region should, therefore, place financial support for the advancement of knowledge in this field high on their funding agendas. Elements of this research agenda should include an examination of

intergenerational support and solidarity, including exchange of care and services and a study of the impact of interactions between older and younger generations on childbearing and parenting.

4.c. Overcoming the health crisis in the transition countries

The daunting East-West health gap

Life expectancies increased markedly after the Second World War in the countries of both western and eastern parts of the UNECE region. This development was commensurate with different but steady economic growth and improvements in the quality of life. Around the middle of the 1960s differences in the economic and social development between the two blocs became more pronounced. Within the western nations improvement in economic development and in health continued, resulting in very low levels of infant and child mortality, a steady decrease of mortality at older ages, changing morbidity patterns and a convergence among the different countries. In the eastern bloc countries, however, deceleration of economic growth and the onset of stagnation, plus political crises and social instability, caused considerable reductions in standard of living and health and resulted in excess morbidity and mortality, especially among working-age men and, to a lesser degree, working-age women.

The collapse of the centrally planned economies, deterioration of social and health services, environmental degradation and the absence of viable and affordable alternative institutions and services led to a further general increase in the levels of morbidity and mortality, and in some instances major fluctuations. Life expectancy of males continued to decline, particularly during the first half of the 1990s, while that of females stagnated. Today, a huge health gap divides the western part of the UNECE region from its eastern part, underpinned by a double burden of infectious and degenerative diseases in the latter. The difference between male and female life expectancy is particularly high in certain countries of the eastern part of the region, while it is narrower in the Central Asian Republics.

Sexual and reproductive health indicators also reflect the health gap. With a few exceptions in Central Europe, death rates related to pregnancy and childbirth are estimated to be twice as high in the transition countries as in western countries. Although some countries, for instance Romania, saw a rapid increase in access to contraception and a decline of recourse to abortion, a widespread reliance on abortion rather than the use of modern contraceptives is still a major concern. In some settings, modern contraceptives are not accessible or are only available at a prohibitive cost, making abortions comparatively less expensive. Post-abortion counselling to encourage the use of more effective modern methods of contraception and to avoid future abortions is seldom included in standards of care or in actual practice. STIs and HIV/AIDS are spreading in most transition countries. Of the estimated 1.5 million HIV positive persons in Europe, an estimated one million are in the transition countries. Injecting-drug use is considered to be the major means of transmission. Between one-fifth and one-third of adults living with HIV/AIDS are women of childbearing age. Young people have insufficient knowledge about HIV prevention and are affected to an alarming degree. On average, five young people in the region become infected with HIV/AIDS every minute.

Challenges and priorities

Current health and mortality patterns mirror the social and economic situation. In general, male mortality (particularly at working ages) is associated with alcohol and tobacco abuse and unhealthy diet. The prominent causes of avoidable death are accidents and violence, cardio-vascular conditions and cancers (most prominently lung cancer) and tuberculosis. These conditions are correlated with low levels of education, high levels of unemployment, poverty, social exclusion and a slow pace of economic development. Shorter life expectancies and reductions in family size accentuate declines in population size and their consequences.

By the mid to late 1990s, the health situation was gradually improving in practically all of the transition countries, except in some CIS countries and those hit by social and political unrest. The people of the Central Asian CIS countries carry the highest burden of disease in the region, and additionally are exposed to the negative consequences of environmental factors such as unsafe drinking water, poor hygiene and lead exposure. Increased vulnerability is noted in some population groups, including minorities, such as Romas, rural populations, the young and the elderly. Impoverishment, associated with economic decline, collapse of government supported safety nets, the absence of insurance schemes and an increase in unsafe behaviours (including substance abuse and commercial sex) have all contributed as risk factors. The economic deterioration has affected men and women in different ways. Men often lost their economic and social status whereas the economic and family responsibilities of women increased while their legal status was eroded. Gender-based violence and discriminatory practices re-emerged, and the trafficking of human beings – particularly linked to sexual exploitation – became an important source of income for criminal groups, jeopardising human rights.

Some aspects of women's reproductive health have improved; for instance women today are more likely to use contraception to prevent unplanned pregnancies. However, the rates of maternal and reproductive morbidity and mortality and infant mortality in the region are still unacceptably high and are associated with a deficient health infrastructure, lack of supplies and poor quality services, coupled with the widespread imposition of unofficial charges. Unsafe abortion remains a substantial cause of maternal mortality in the eastern part of the region and particularly Central Asia. Lack of information on contraception, maternal health and the prevention of reproductive tract infections is a prominent cause of sustained reproductive morbidity and constitutes a violation of reproductive rights. Information gaps result from a lack of sexual education and counselling services, cultural attitudes, and from the rise of ideologically driven obstacles to sexual and reproductive health and rights which influence administrative and policy measures.

Policy responses

In the transition countries, social sector reforms, including health care reforms, were not accorded high priority in the initial period after the onset of the transition to market economy and democracy, both nationally and internationally. Economic reforms were conducted at the expense of social reforms and left a substantial unfinished agenda in public health. No specific international programmes were offered to assist transition countries in adjusting to the requirements of market

mechanisms in the social sectors, including the health sector. While the international conferences of the 1990s provided general policy guidelines to enhance the rights of the individual, the quality of life of citizens and the empowerment of women, insufficient efforts were made to create conditions for sustainable economic growth, institution-building based on democratic principles, and effective social sector and health care reforms. This resulted in incomplete and fragmented policy responses. An important capacity-building effort for the emerging civil society, as well as strong and effective political leadership that can advocate for public health and social development, are required to implement effectively agreements reached at international conferences.

The promotion of sustainable, healthy lifestyles and effective public health systems requires policy, legislative and institutional support, along with long-term investment. The latter includes investment in health infrastructures and in capacity-building, measures for public health promotion, preventive health care, multi-sector programmes addressing public health objectives, social security support, and regulatory frameworks for the import of pharmaceuticals and other goods (including contraceptives). Some of the transition countries will shortly join the European Union and this will undoubtedly have a profound effect on the development of their health and social policies. However, given that social sector and health issues are seen as national responsibilities under the subsidiary principle, a key element for compliance with international agreements will be financing the urgently needed structural changes. Inclusion in the European Union will probably provide an impetus for the improvement of the legal situation of women and the promotion of human rights, including sexual and reproductive rights. Minority ethnic groups may also benefit from the implementation of Union regulations.

Countries that do not join the European Union will be further challenged. Their progress will depend on sustainable economic growth and democratic institution building, coupled with a more equitable distribution of wealth and the creation of affordable and accessible services in the social and health sectors. In the field of sexual and reproductive health policies they should give priority to combating human trafficking, especially for sexual exploitation, and gender-based violence. They should also provide easier access to modern contraceptives, legal and safe abortion, sexual education and affordable health services for young people, minorities and the poor. Political leadership and the mobilization of external and domestic resources are needed to ensure that youth concerns are articulated clearly in social and health policies, and that comprehensive targeted approaches are adopted to stop the spread of HIV/AIDS and to encourage healthy lifestyles.

The advancement of knowledge

The lack of reliable and consistent data regarding morbidity and mortality trends as well as sexual and reproductive health is a major hindrance to identifying pressing needs, increasing public awareness and improving programs and services. In several countries of the region, mortality data produced by national and international agencies do not correctly reflect true levels and do not highlight the growing economic and health inequalities and the situation of disadvantaged groups and regions. For instance, in a number of countries in the eastern part of the region there is evidence that infant mortality rates are much higher than those officially reported.

In-depth studies by researchers have tended to be inconsistent and incomparable, due to differences in methods, definitions, survey designs and insufficient sample size. Morbidity trends are even more difficult to monitor and reliable data are very often completely lacking. A co-ordinated effort involving a network of research groups under the umbrella of United Nations institutions could improve the situation. International cooperation should also contribute to the further improvement of routine statistical monitoring (registration of vital events and causes of death, current population statistics, population censuses and sample surveys) particularly in Central Asia and the Caucasus.

Research into factors causing poor health, high mortality and gender-based violence, together with measures that can advance health conditions, are also needed as input to policy-making and programme formulation. Examination of the impact of policy interventions on public health attitudes and behaviour, including those addressing gender equity, can further inform subsequence responses.

4.d. Reaping the benefits of migration

A rapidly changing context

Since the ICPD, the migration context has undergone considerable change globally and in the UNECE region. Today, international migration affects all countries of the region: it is growing, becoming more diverse and is increasingly perceived as an important resource in a global world.

The origin of recent migrants and their social and cultural capital have evolved, from initially being mainly European to now encompassing other regions, and from low skilled to high skilled. Today, not only the traditional immigration countries of North America but also many European countries have large immigrant populations. Moreover the children of immigrants are a sizeable fraction of the younger European population. The litmus test for the success or failure of integration policies is the position of the "second generation". Some European countries currently are seeing a process of transition from immigrant communities to persistent ethnic minorities. It is becoming increasingly clear that immigration policies play a decisive role in the composition of flows and have to be linked to consistent and effective integration policies that respect the human rights of migrants and offer a perspective of citizenship embracing pluralism and diversity.

Immigration of diverse populations may cause tensions when cultural practices are in conflict or contradiction with local customs or legal systems. Migration poses a challenge to design and implement policies that find the right balance between plurality of culture and respect for the rule of law and human rights considerations. This challenge has to be faced by both the immigrant population and the receiving society.

At the same time, increased attention is being paid to the impact of migration on sending countries and, in the case of circular migration, on return countries. Also, policies are increasingly focusing not just on the net flows but also on the impact of emigration and immigration on development of all the countries concerned.

Migration pressure and the future demand for immigrants

The current demographic and economic developments suggest that the region will face increasing migration pressure and a growing flow of workers to meet the demands of the labour market. The uneven economic growth in potential sending regions will motivate and enable more individuals and households to organise and finance their moves. However, population projections indicate that a number of European countries will see a substantial or even a dramatic decrease in their working age population in the next 50 years, associated with a growing number of retirees depending on benefits and pensions. The decrease of the working age population can in part be countered by recruiting labour from abroad. These developments will take place hand in hand with the ageing of the region's populations.

Admitting more migrants to the region will prove a necessary although not sufficient response to population ageing and decline of the work force. The fiscal gains from admitting labour migration in rapidly ageing societies is potentially large. They can be increased through a selective admission policy that screens potential immigrants by their skill level and promotes labour market integration.

Much of the future demand for immigrants will concentrate on highly skilled labour and this will foster competition between developed countries. Although the ageing process will also create a need for medium and lower skills, such as in the health care sector, low skilled workers might find it increasingly difficult to immigrate legally to the countries of the region. Nevertheless, migration flows are not only composed of labour migrants but also family members of already present migrants and of refugees. During the last decade many immigrants with relatively low social and economic status have arrived through family reunifications, as well as refugees with varying levels of economic assets.

A comprehensive approach to the management of migration and integration

While it is becoming recognised that immigration is a necessity for social, demographic and economic reasons, some present-day migration policies, largely based on control and repression, are not managing migration in a positive way. Furthermore, there is a contradiction between the fact that international migration is a global phenomenon, while nation states still play a paramount role in defining migration policies.

Different countries of the region have different approaches towards immigration and integration. North American policies are based on the acceptance of immigration as a permanent feature of society and actively plan and encourage permanent settlement, and the acquiring of formal residency and citizenship. Official United States immigration programmes rely mainly on the reunification of families, recruitment of highly skilled migrants and the regularisation of undocumented workers. Canada's policy relies on immigration of workers selected through a points system followed by a policy of integration.

Most European countries, including the European Union member States, do not consider themselves immigration countries and so follow *ad hoc* and control-oriented policies instead of pursuing explicit

and pro-active immigration. Only recently has the European Union begun to deal with migration and asylum policies in a systematic way. On the other hand, experience in recent policy development on migration and integration of some Central and Eastern European countries is promising. Immigrants are provided with a wide range of services, such as education and training, assistance in entering the labour market, adequate housing and social and financial support.

Pursuing a deliberate and systematic immigration policy, which balances human rights, human capital requirements and integration concerns, is the best option to ensure that future migration is beneficial for both individual migrants and their children as well as for their receiving and sending countries. In the future, skill-based entry systems might become the main mode of entry to the EU for non-EU citizens. But the better selection of migrants according to the needs of receiving countries remains only a partial approach. A persistent and even encouraged "brain drain" will pose serious problems to developing countries with weak human resources and internal capital mobilisation problems. The persistence of and increasing differences in the levels of welfare between on the one hand Europe and North America, and on the other the neighbouring sub-regions will remain the driving force for illegal immigration, including the low skilled. The management of these flows will require innovative policies that should be based on the promotion of enhancements of the levels of welfare and employment through more equitable trade policies, cooperation in the fields of education and training and technical and financial assistance arrangements. These policies should be based on long-term considerations and not on short-term political motivations.

A consultative process to promote inter-state cooperation to maximise the positive impact of migration was recently established (known as the "Berne Initiative"). This has resulted in the establishment of a Global Commission on International Migration that will present its recommendations to the United Nations in 2005.

Integrated frameworks for migration policies have already been proposed and developed by international organisations such as the International Organization for Migration, the International Centre for Migration Policy Development, the UNECE and the Council of Europe. These have addressed the following issues: granting of legal possibilities for immigration; more open eligibility criteria for citizenship; effective border and security management; recognition and respect of the human rights of migrants; integration policies for immigrants and their children; measures against discrimination and racism; sharing of information and knowledge about migration processes; harmonisation of migration and asylum legislation; fighting against smuggling and trafficking of human beings; and finally, strategies to tackle the main causes of emigration through the promotion of trade and investment, development and foreign policy.

Migration and integration policies will have maximum impact if they are coordinated at the local, national and regional levels and if all stakeholders, including the immigrant groups themselves, fully participate in the conception, implementation and monitoring of the policies. Local communities do much of the integration work with a coalition of actors, particularly in metropolitan areas and cities. They play an important role in establishing new practices of integration and forms of participation, which should be recognised by national and regional policies.

Knowledge for policy-making

The Programme of Action of the ICPD underlined already that many aspects of migration and integration are not well understood although they are high on the policy agenda. Long-term consistent and reliable time series of stock and flow data of migrants across countries are still not available and statistics on irregular migration and the situation of undocumented migrants are non-existent. Efforts to improve international migration statistics, better knowledge about integration dynamics and inter-linkages between migration, integration and development should be high on research policy agendas. Flows, including circular migration, and their dynamics over the life cycle must also be studied.

Immigration brings diversity and the necessity to manage increasing cultural pluralism and multi-ethnicity. However, almost no comparative research is available on the integration of "second-generation immigrants" and their performance, nor on the evolution of the notions of nationhood and citizenship through immigration in Europe. In particular, racism and discrimination affect certain groups of immigrants and minorities disproportionately and thus anti-discrimination legislation and measures are required to offset such tendencies. In so doing, new data on immigration (first as well as second-generation), ethnicity, minorities and the attitudes of the resident population towards immigrants are needed. Without such data, effective policy measures, legislation and monitoring are impossible.

5. Promoting and expanding partnerships

Promoting sustainability

The Forum recognised that policies and strategic actions in the field of population and development must take into account the following four dimensions:

1. The ICPD Programme of Action underlines that population matters are cross-cutting issues, which affect and are affected by all other sectors of society including politics, economics, education and information, health and social protection, etc. Action or non-action in one of these areas can have short or long term consequences for population dynamics as much as population developments may change the parameters for these other areas. Population issues and other closely related policy areas should be considered and dealt with in an integrated way, as part of a multi-sector and comprehensive approach.

2. Present and future policies must fully respect the need to use available resources and possibilities in such a way that this does not hamper the coming generations' ability to satisfy their own needs and make their own responsible choices.

3. The development, monitoring and evaluation of sustainable policies need a solid knowledge base, including interdisciplinary research and routine statistics for the monitoring of trends. Special attention should be directed towards the interdependence of different policy sectors and the interrelationship between micro and macro levels of economy and society.

4. No societal vision or project for the future of society can be successfully implemented, in the long run, without the full involvement, support and interaction of the actors belonging to the "magic triangle" – the state, the market and civil society.

Expanding and clarifying partnerships

Since the ICPD, partnerships have expanded and evolved. Within the "triangle partnership", the state is mainly responsible for the coordination and coherence of policies, the safeguard of general and public interest as well as for ensuring that fundamental rights of people are implemented and respected. While aiming at economic efficiency, technological progress and investment through benefits, market actors also have a high degree of responsibility towards society. As for organised civil society, its role includes putting forward people's concerns, needs and choices and ensuring that individuals and groups are empowered and are able to obtain what they are entitled to. The main challenge consists of creating an enabling environment to allow all individuals to actively participate in the formulation and implementation, as well as the monitoring and evaluation of relevant policies.

The Forum recognised several key roles for the state and particularly governments at various levels:

a. Ensure that there is adequate knowledge about population issues in all policy sectors affected by them or affecting them, and create awareness about population, reproductive rights and gender equality issues in public authorities at regional and local levels;
b. Encourage and support evidence-based policies and further research on the mutual relationship and interdependence between relevant policy sectors;
c. Make sure that financing of population-related policies and actions is conceived through a coherent approach taking into account the various factors and actors;
d. Promote 'civil dialogue' on population issues – including, in particular, NGOs, the social partners, and other actors of civil society and the private sector;
e. Create the necessary conditions so that citizens and organised civil society can fully participate in the formulation of population policies, their implementation and their monitoring.

The Forum identified key roles that the private sector can play in the development and implementation of policies. These include:

a. Develop a keen interest in population and development issues and take account of them in strategic planning and in human resource and management strategies;
b. Create an enabling environment with regard to combining work and family, in particular by focusing on legislation and policies that support gender equity and young people, integration of migrants and employment of disadvantaged groups;
c. Take supportive measures for the implementation of sexual and reproductive rights of people employed;
d. Give support to population and health related programmes and services of public and civil society organizations.

The Forum gave voice and attention to civil society organizations, recognising their importance as advocates, implementers, monitors and mediators. Opportunities for action include:

a. Facilitate civil society's role in monitoring and promoting respect of fundamental human rights in public population policies and programmes;
b. Ensure that citizens are directly involved in the formulation, implementation and monitoring of population-related policies and programmes;
c. Contribute to a broad public debate on the objectives of population-related policies and provide citizens with relevant information;
d. Develop innovative approaches to population issues, theoretically as well as in practice, and suggest corresponding proposals for policies and action;
e. Make sure that fragmentation, including among NGOs, according to policy areas or societal groups is overcome in order to promote coherence in population-related policies.

The Forum recognised, however, that progress in social and economic development, poverty reduction, quality of life and sexual and reproductive health critically depend on the attitudes and actions of individuals. It recognised the importance of their social context and values, as well as the need for capacities, opportunities and resources. The implementation of the ICPD Programme of Action requires improved social participation and supportive behaviour change, based on relevant information, appropriate education and the respect of human rights.

6. A new demographic regime in Europe

The Forum stressed the continued relevance and importance of the principles and goals of the ICPD and the urgent need to proceed with further implementation of the Programme of Action globally and within the UNECE region. It also recognised that the implementation of the Programme of Action needed to be achieved within the framework of the Millennium Development Goals. In fact, sustaining progress towards the implementation of the Programme of Action, including meeting the necessary financial commitments for its implementation, is a prerequisite for fully achieving the Millennium Development Goals.

At the same time the Forum acknowledged that the UNECE region is entering a new demographic regime, which may anticipate subsequent developments in other regions of the world. Although there is a considerable diversity of demographic patterns across the region, two salient new developments stand out. Many European countries are now witnessing population decline, a trend that is projected to spread to many other UNECE countries in the next one to two decades. At the same time, population ageing is poised to begin accelerating during the current decade, especially in countries that experienced pronounced post-war baby booms. A new, more challenging phase of ageing is ahead.

The key root cause of the population decline and ageing is the recent fertility decline to very low levels. In large parts of Europe, fertility rates are at unprecedented low levels. These levels are a key manifestation of the new family and reproductive behaviour that Europeans pioneered. Also, they are the result of choices that younger Europeans have been making in recent years with respect to partnering, childbearing and parenting - choices that have been influenced by economic, social and cultural constraints and opportunities. The challenge is to understand how these constraints and opportunities continue to influence their behaviour and whether the various policy actors - the state in particular - can and should influence their choices in view of the long-term consequences.

Like North America, much of Europe has become a *de facto* immigration region. Net immigration is expected to rise in the short- to medium-term both as a result of immigration pressures originating in other parts of the world and as a consequence of a declining labour force and resulting labour shortages in Europe. The challenge will be how to best manage future immigration flows and effectively integrate both current and future migrants. It will also be necessary to take better advantage of circular migration flows to maximise the benefits to sending, receiving and return countries.

Europe considers it has no choice but to pursue a policy of long-term sustainable social and economic development, grounded in economic growth. In view of their experience both before and after the fall of communism, this applies with even greater force to transition than western countries. Long-term sustainable growth will materialise only if European societies ensure a relatively steady rise in their human capital, irrespective of whether it comes from within or without. Where this capital will come from will be an issue that Europe will have to ponder and make choices accordingly.

Making the choices that will ensure long-term sustainable development will have to be balanced with respect to human rights and individual choices. This will be a prime challenge for European societies – not just for their governments but also for all stakeholders and the public at large. Timely decisions on the choices will give all stakeholders more degrees of freedom when it comes to devising and implementing policies. Significantly the European Commission is starting to explore choices and beginning to formulate innovative responses to the new demographics of the EU member States. Immigration and integration as well as family and fertility are now being viewed as major areas of policy influence.